## UNITED STATES DISTRICT COURT

for the

Western District of Washington				
PROVIDENCE HEALTH & SERVICES- WASHINGTON, dba Providence Alaska Medical Center, )				
Plaintiff(s)	Civil Action No. 2:25-cv-00757			
,				
SUMMONS IN A CIVIL ACTION				
To: (Defendant's name and address) C T CORPORATION SYSTEM 306 W. MAIN ST, SUITE 512 FRANKFORT, KY 40601	Λ			
A lawsuit has been filed against you.				
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Arden J. Olson Kurt C. Peterson Harrang Long P.C. 111 SW Columbia St., Suite 950 Portland, OR 97201				
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.				
	CLERK OF COURT			
Date:				
	Signature of Clerk or Deputy Clerk			

Civil Action No. 2:25-cv-00757

## **PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was rea	This summons for (na ceived by me on (date)	me of individual and title, if an	y)		
was re-	•	I the summons on the indi	vidual at <i>(place)</i>		
			on (date)	; or	
	☐ I left the summons	at the individual's reside	nce or usual place of abode with (name)		
	on (date), a person of suitable age and discretion who resides there,  on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual), wh				
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sum	mons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00 .	
	I declare under penalty of perjury that this information is true.				
Date:					
Date.	Server's signature				
		_	Printed name and title		
		_	Server's address		

Additional information regarding attempted service, etc: